



NCPDP SCRIPT Standard Presentation NCVHS - Subcommittee on Standards and Security March 30, 2004

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Presentation Topics

- What is Electronic Prescribing
- What is the NCPDP SCRIPT Standard
- Current Status of Electronic Prescribing

What is Electronic Prescribing

- Electronic Prescribing has 2 parts
 - Part 1 – Two way communication between physicians and pharmacies
 - New Rx, Refill Authorization & Change Requests
 - **Electronic Prescribing is not Faxing or printing paper prescriptions**
 - Part 2 – Potential for information sharing with other health care partners
 - Eligibility/formulary information
 - Medication History

NCPDP SCRIPT Standard

NCPDP SCRIPT Overview

- SCRIPT is a standard created to facilitate the electronic transfer of prescription data between pharmacies and prescribers.
 - It is communicated real-time.

NCPDP SCRIPT Messages

- The current standard supports messages for
 - New prescriptions,
 - Prescription changes,
 - Refill requests,
 - Prescription fill status notifications,
 - Prescription cancellations,
 - Housekeeping functionality for retrieving transactions from a mailbox,
 - Changing a password,
 - Requesting a return receipt on a transaction.

Pharmacy Initiated Messages

- Refill Request/Renewal Authorization
- Change Request
 - Drug Utilization Review (DUR)
 - Formulary
 - Prior Authorization
- Filled Notification
- Respond to a Cancel Rx Request

Physician Initiated Messages

- New Prescription
- Respond to a Refill Request
- Respond to a Change Request
- Initiate a Cancel Rx Request

What type of information is in SCRIPT?

- **SCRIPT utilizes Data Segments**
 - Header
 - Sender and Receiver information (routing)
 - Physician
 - Pharmacy
 - Patient
 - Drug
 - Coordination of Benefits (not used)
 - Observation (not fully developed or used)
 - Trailer
 - Segment Counts, etc.

Header Segments

- Contains Version number
- Message Type
- Trace Numbers
 - Assigned by originator
 - Echoed by responder
- Sending and Receiving Identifiers (location specific)
 - Physician
 - DEA, NPI, HCldea, trading partner identifiers
 - Pharmacy
 - NCPDP Provider ID Number (formerly NABP)

Physician Segment

- Physician Identifier
 - DEA, NPI, HCIdesa, trading partner ID
- Physician's Name
- Practice Name
- Address
- Communication Identifiers (Phone, email)
- Authorized Agent
 - Physician Assistant, Nurse, etc.
- Future Enhancement
 - Supervisor Identifier

Pharmacy Segment

- Pharmacy Identifier
 - NCPDP Provider ID Number
- Pharmacy Name
- Pharmacist's Name
- Address
- Communication Identifiers

Patient Segment

- Patient's Name
- Birth Date
- Gender
- Identifier
 - SSN, Clinic Specific
- Address
- Communication Identifiers

Drug Segment

- Drug name, strength & form (text)
- Drug Code (NDC, UPC, MFG)
- Form Coded (tablet, injectable, patch, cream)
- Drug Strength Code (milligram, milliliter, vial)
- Generic Drug Identifier
 - Drug Data Base (GPI, GCN, etc.)
 - *RxNorm*
 - *NDF-RT*
- Full Unabbreviated Drug Name

Drug Segment...

- Quantity and Qualifier (tablets, grams, etc.)
- Dosage Instructions – SIG (text)
- Codified SIG (not used)
- Effective and Date Written
- Days Supply
- Dispense As Written (DAW) Code
- Number of Refills Allowed

Drug Segment...

- The Drug Segment may have multiple occurrences
 - Prescribed
 - Dispensed
 - Formulary Alternative
 - Preferred, Prior Authorization, Non-Formulary

Drug Segment...

- Drug Utilization Review information can be exchanged and is codified
 - Based upon NCPDP Telecommunication Standard (HIPAA Transaction Standard)
 - DUR Reason
 - Action Taken
 - Result
 - Identifies co-existing agent contribution to the DUR event (drug or disease)

Trailer Segments

- Reference number that matches Header Reference number
- Number of Segments Counter

Current Status of Electronic Prescribing

The Problems with Past Prescribing Automation

In the past...

Very few pharmacies were directly connected to physician practices

Electronic communications meant faxes or “typed” prescriptions that were handed to the patient for delivery to the pharmacy

Only half the problem was being addressed... writing new scripts

Electronic prescribing software did not support the workflows in the pharmacy or the physician practice

The process resulted in few tangible benefits and did not provide a path to additional benefits

Automation was being driven by a few small software vendors, many of which have since “disappeared”

Current Environment

- Over 75% of community pharmacies have true electronic prescribing capabilities
 - Utilize NCPDP's SCRIPT Standard V4.2
- Approximately 3% of prescribers have true electronic prescribing capabilities
 - Significant progress is being made

Trends in the Physician Sector*

- 7% of all physicians use an electronic prescribing system but only 41% are connected to the pharmacy (net is 3%)
- 37% of physicians are very interested or somewhat interested in using an electronic prescribing system in the next 12 months
- Top 3 drivers
 - Increased Accuracy (47%)
 - Reduced Pharmacy Calls (45%)
 - Commonly used Rx list (42%)

*“Source: Taking the Pulse v4.0 Study, March 2004, Manhattan Research”

Pharmacy List

- Ahold
- Albertsons (Osco)
- Brooks
- CVS
- Duane Reade
- Eckerd
- Kerr
- Kroger
- Longs
- Publix
- Rite Aid
- Safeway
- Target
- Walgreens
- Wal*Mart
- Independent Pharmacy Software Vendors

Physician Technology Vendors

- Allscripts
- Axolotl
- Bond Medical
- Cerner
- Dr. First
- eClinicalworks
- Epic
- Healthvision
- Healthramp
- InstantDx
- InteGreat
- Medical Manager
- Medicware
- MediNotes
- MobiHealth
- Nextgen
- Prescribe
- Vitalworks

Electronic Prescribing Today

- Pharmacy has put a stake in the ground and implemented electronic prescribing on the hopes that physicians would then join. That hope is coming to fruition.
 - Millions of true electronic prescription messages will be sent in 2004.

Barriers

- State regulations are not a barrier
- Electronic signatures are not a barrier
- The biggest barrier or hindrance to electronic prescribing is educating the prescribers to the benefits of electronic prescribing and pharmacy readiness
 - Think electronic prescribing is just New Rxs
 - Are not aware of the significant ROI for automating refill authorizations

Standards

- The transmission standard is not an issue for community pharmacy or physician software vendors
- Code sets are not a major issue at this time
- Standard identifiers for patients, physicians and payers is a major issue

Questions